

# At A Glance: Late Preterm Births in South Carolina

Maternal and Child Health Bureau and

Office of Public Health Statistics and Information Systems

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A late preterm (LPT) birth is a birth between 34 and 36 completed weeks of gestation. Nationwide, the LPT birth rate rose 20 percent from 1990 to 2006. On average, more than 900 LPT babies are born every day in the U.S. LPT infants are often underdeveloped and are about four times as likely to die before they are 1 month old than full-term infants. Moreover, LPT infants are at higher risk of developing medical complications such as respiratory distress, apnea, temperature instability, high blood sugar and high bilirubin than full-term infants. This fact sheet seeks to identify and describe some of the factors associated with LPT deliveries among singleton births in S.C.

Figure 1: Percentage of Late Preterm Births by Race, South Carolina Residents, 1989-2009

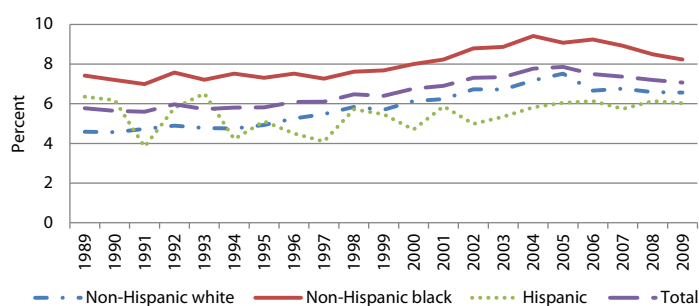
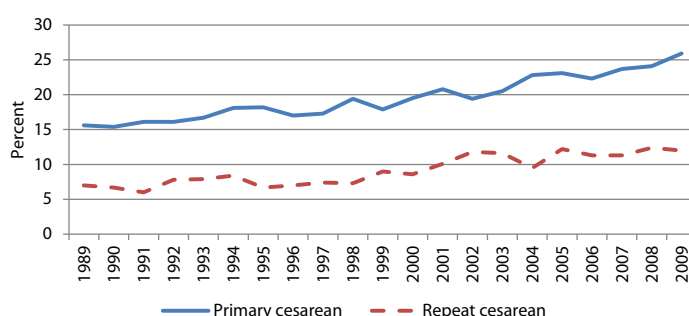


Figure 2: Percentage of Cesarean Deliveries among LPT Births, South Carolina Residents, 1989-2009



The percentage of LPT births increased steadily from 1989 (5.8 percent of all births) to 2005 (7.9 percent of all births). Since 2005, there has been a small, but steady decrease in LPT births. In 2009 LPT births made up 7.1 percent of all births to SC families.

## From 2006 to 2009:

- Of all preterm births (<37 weeks gestation), more than 72 percent were LPT (34-36 weeks gestation).
- The likelihood of experiencing a LPT birth was higher among mothers who were black, underweight, less than 18, or more than 35 years of age.
- Mothers having LPT births were more likely to smoke during pregnancy than mothers with full-term births.
- Admissions to a neonatal intensive care unit (NICU) were more common among LPT infants when compared to full-term infants. More than 18 percent of LPT infants were admitted to a NICU, compared to less than 2 percent of full-term infants.
- Women experiencing LPT births were more likely to have Medicaid as a delivery payment source than women with full-term births.

Looking at only LPT births, both primary and repeat cesarean deliveries have steadily increased from 1989 (15.6 percent primary; 7.0 percent repeat) to 2009 (25.9 percent primary; 12.0 percent repeat).

## In summary...

Although the number of LPT births has declined in S.C. since 2005, LPT births remain an important public health issue. This population is of particular interest because LPT births make up the majority of all preterm births.

Compared to full-term infants, LPT infants are:

- More likely to die before they are 1 month old.
- More likely to be delivered by cesarean.
- Generally less healthy and more likely to be admitted to a NICU.
- More likely to have deliveries paid for by Medicaid, with over 55 percent of LPT deliveries from 2006-2009 paid for by Medicaid.



Data Source:

Division of Biostatistics,  
S.C. Department of Health  
and Environmental Control.

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